

Check here if you are a: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):	
If a Permanent Resident, please attach a copy of an unexpired Permanent Resident card.			
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No    Specify visa type: _____ Visa Number: _____ Expiration: _____ (Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" [Form TDAI 835].)			
<input type="checkbox"/> Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, ticker symbol, address, city, and state: _____			
<input type="checkbox"/> Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter (with this application): _____			
<b>This section does not need to be completed for Minors in Minor Accounts</b>			
Annual income:	<input type="checkbox"/> \$0 - 24,999 <input type="checkbox"/> \$25,000 - 49,999 <input type="checkbox"/> \$50,000 - 99,999 <input checked="" type="checkbox"/> \$100,000 - 249,999 <input type="checkbox"/> \$250,000+		
Approximate net worth: (not including primary residence)	<input type="checkbox"/> \$0 - 14,999 <input type="checkbox"/> \$15,000 - 49,999 <input type="checkbox"/> \$50,000 - 99,999 <input type="checkbox"/> \$100,000 - 249,999 <input type="checkbox"/> \$250,000 - 499,999 <input checked="" type="checkbox"/> \$500,000 - 999,999 <input type="checkbox"/> \$1,000,000 - 1,999,999 <input type="checkbox"/> \$2,000,000+		
What best describes the initial source of funds for this account?	<input type="checkbox"/> Employment/Wages <input checked="" type="checkbox"/> Retirement Funds <input type="checkbox"/> Gift <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance/Trust <input type="checkbox"/> Investments <input type="checkbox"/> Unemployment/Disability <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Lottery/Gambling <input type="checkbox"/> Spousal/Parental Support <input type="checkbox"/> Other (describe source of funds): _____		
What best describes the ongoing source of funds for this account?	<input type="checkbox"/> Employment/Wages <input checked="" type="checkbox"/> Retirement Funds <input type="checkbox"/> Gift <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance/Trust <input type="checkbox"/> Investments <input type="checkbox"/> Unemployment/Disability <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Lottery/Gambling <input type="checkbox"/> Spousal/Parental Support <input type="checkbox"/> Other (describe source of funds): _____		
<b>JOINT ACCOUNT OWNER: COMPLETE ALL INFORMATION BELOW FOR THE JOINT ACCOUNT OWNER OR CUSTODIAN</b>			
First Name:	Middle Initial:	Last Name:	
Adrian		Brideau	
Estate Name:	Social Security Number/Estate Tax ID:		
	523-80-7340		
Primary Telephone Number:	Date of Birth:		
303-816-7353 (303) 995-7061	5/25/1953		
Home Street Address (no PO boxes):	Secondary Telephone Number: <input type="checkbox"/> Check here if this is not a U.S. phone number:		
88 Schott Drive	303 995 7061		
City:	State:	ZIP Code:	
Pine	CO	80470	
Mailing Address (if different from above):	City:	State:	ZIP Code:
Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			
Employer Name (if self-employed, please provide the name of your business):			
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 6.			
Occupation:	Industry of Occupation:		
Employer Street Address:			
City:	State:	ZIP Code:	
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<input type="checkbox"/> Check here if you, your spouse, or any immediate family member living in your household (including parents, in-laws, siblings, and dependents) is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter (with this application): _____			